Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515

Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510



## **LOBBYING REPORT**

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required to Complete This Page

1. Registrant name					
Organization PACE-Capstone					
Check if different than previously reported					
Address1 300 North Lee Street, Suite 500					
City Alexandria St	ate VA Zip Code 22314	Country USA			
3. Principal place of business (if different than line 2)					
City	ate Zip Code State/Zip or Country	Country			
4a. Contact Name b. Telephone number Prefix Full Name	c. E-mail	5. Senate ID#			
Ms. Adrienne Taylor 703-518-8600 7. Client Name T Self	ataylor@pace-capstone.com	30495			
7. Client Name Self Hawaii Longline Association		6. House ID# 33662			
INCOME OR EXPENSES - Complete Either Li		11. No Lobbying Activity			
12. Lobbying Firms	13. Organi	zations			
INCOME relating to lobbying activities for this reporting period was:		EXPENSES relating to lobbying activities for this reporting per			
Less than \$10,000 🗵	Less than \$10,000				
\$10,000 or more	\$10,000 or more				
Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying	Method A. Reporting amounts	ck box to indicate expense			
activities on behalf of the client).	Method B. Reporting amounts Internal Revenue C	using LDA definitions only under section 6033(b)(8) of th			

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TZSZOOG GOOGE

Printed Name and Title James W. Wise, Managing Partner

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Page \_1 \_ of \_

Registrant Name	PACE-Capstone	· · · · · · · · · · · · · · · · · · ·	Client Name Hawaii Longline Association			
engaged in lobb	ACTIVITY. Select as pying on behalf of the clarequested. Attach additionally	lient during the rep	orting period	ect the gener . <b>Using a se</b>	ral issue areas parate page	s in which th
15. General issu	ie area code MAR - Ma	arine/Maritime/Boat	ing/Fisheries	(one p	er page)	
16. Specific lob	bying issues	A	Add page to contil	nue specific issu	ues description f	or this issue 为
NOAA Issue	s				•	
	1					
7. House(s) of	Congress and Federal a	agencies contacted	None	House	X Senate	Other
	1					
Name of eac	h individual valor accept	11.11	• •			
8. Name of eac	h individual who acted	l as a lobbyist in th			o continue additii	
8. Name of eac	h individual who acted Name Last Name	l as a lobbyist in th			o continue additii sition (if applic	
	Name	[				
First Name	Name	[				
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First Name  Cavid	Name Last Name  Germroth	Suffix	Covere	ed Official Pos	sition (if applic	
First Name  Cavid	Name Last Name  Germroth	Suffix	Covere	ed Official Pos	Check if None	

Registrant Name	Client Name Hawaii Longline Association					
Information 1	Jpdate Page - Co	mplete ONLY w	here registration in	formation has chang	rod	
20. Client new ad	dress		- 8	Tormation has change	<u>;eu.</u>	
Address						
City		5	State Zip (	'ode Cau	ntu.	
21. Client new pr	ncipal place of business	ipal place of business (if different than line 2		Con	Country	
City		5	State Zip Ci	ode Cou	Country	
22. New general of	escription of client's bus	siness or activities			······	
	†					
LOBBYIST U	PDATE					
23. Name of each	n previously reported i	ndividual who is n	o longer expected to a	ect as a lobbyist for the c	dient	
r=- '	Last Name	Suffix	First Name	Last Name	Suffix	
<u>U</u>			3			
2	<u> </u>		4			
ICCUIT LIDE AT		<u> </u>				
ISSUE UPDAT			Find the code	to select below.		
24. General lobby	ring issues that no long	ger pertain				
# £						
AFFILIATED	ORGANIZATIONS	· ·			· · · · · · · · · · · · · · · · · · ·	
	ving affiliated organiza	ation(s)				
N	ame	Address		Principal place of Business		
	Addre		***************************************	(city and state or	country)	
	C/S/Z			City		
e Q	Addre				intry	
n	C/S/Z			City State		
26. Name of each	previously reported or	vanization that is r	o longer officed wi	th the registrant or clien		
ΠĬ			=		t	
		2				
FOREIGN ENT						
	ing foreign entities					
Name	Street Address Addr	ress	Principal place of business	Amount of contribution	Ownership	
***************************************	City	State/Province Country	(city and state or country)	for lobbying activities	percentage client	
: 6		C	City			
8			tate Country			
28 Name of each m	ordenstranic 10					
affiliated organiz	eviously reported foreign	n entity that mo longe	er owns, or controls, or	is affiliated with the regist	trant, client	
		ถ	1	5		
	_ 1	<u>.</u> [3]				
<b>1</b>	<u> </u>	<u>+ )</u>		6	,	
				Add a page for i	more update	
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rinted Name and Ti	<del></del>					
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